

PTO/SB/17 (07-06)

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Effective on 12/08/2004.	Complete ii ralowii		
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Application Number	10/517,209-Conf. #4348	
FEE TRANSMITTAL	Filing Date	December 8, 2004	
For FY 2006	First Named Inventor	Eberhard AMMERMANN	
FOIFT 2000	Examiner Name	S. N. Qazi	
Applicant claims small entity status. See 37 CFR 1.27	Art Unit	1616	
TOTAL AMOUNT OF PAYMENT (\$) 1,520.00	Attorney Docket No.	5000-0108PUS1	

		Applicant claims small	entity status.	See 37 CFR 1.27		Art Unit		1616			
TOTAL AMOUNT OF PAYMENT (\$) 1,520.00			Attorney Docket	omey Docket No. 5000-0108PUS1							
METHOD OF PAYMENT (check all that apply)											
x Check Credit Card Money Order None Other (please identify):											
L	Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP										
	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
	Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fe										
		Charge any ad fee(s) under 3		s) or underpayn and 1.17	nents o	x Credit	any over	payments			
FEE CALCULATION											
1. BASIC FILING, SEARCH, AND EXAMINATION FEES											
			FILIN	G FEES	SE	ARCH FEES	EXAM	INATION FEES	6		
A	ppli	cation Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fees I	Paid (\$)	
ι	Jtili	ty	300	150	500	250	200	100			
I)esi	gn	200	. 100	100	50	130	65			
F	lan	t	200	100	300	150	160	80			
F	teis:	sue	300	150	500	250	600	300			
F	rov	isional	200	100	0	0	0	0			
2.	EXC	ESS CLAIM FEES								Small Entity	
Fee Description							Fee (\$)	<u>Fee (\$)</u>			
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)								50	25		
		le dependent claim ove	r 3 (includii	ng Keissues)					200	100	
	-	-	Na:	(6)	5 (امانط (4)		dukinia Danand	360	180	
Total Claims		-ee (\$) =			Multiple Depend	Fee Paid (\$)					
Н.	P = h	ighest number of total clair	ns paid for, if g				<u>-</u>	Fee (\$)	ree raid (21	
<u>In</u>	dep	. Claims Extra C	Claims F	ee (\$)	Fee F	Paid (\$)					
_		-=	× _								
H	P = h	ighest number of independ	lent claims paid	d for, if greater than	3.						
	the lis	specification and dra tings under 37 CFR 1 eets or fraction thereo	wings exceed. 52(e)), the	application size	e fee du	e is \$250 (\$125 f				0	
Total Sheets									<u>Fee</u>	Paid (\$)	
100 = /50 (round up to a whole number) x : 4. OTHER FEE(S)								Foos	Paid (\$)		
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)											
Other (e.g., late filing surcharge): 1401 Notice of appeal							500.00				
1253 Extension for response within third month							1,0	1,020.00			

SUBMITTED BY Registration No. (Attorney/Agent) #42.874 32,868 (703) 205-8000 Signature Telephone Name (Print/Type) Andrew D. Meikle Date February 12, 2007

ADM/CAM/kj Birch, Stewart, Kolasch & Birch, LLP

